MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11478

11478 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ladiesburg
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ladiesburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) Winfield (Last) Baker

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: July 18th 1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10B. KIND OF BUSINESS OR INDUSTRY: Employed by Contractors

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John David Baker

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Schwaber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-20-8607A

17. INFORMANT & ADDRESS: Paul Baker Ladiesburg MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

IMMEDIATE CAUSE (A) Heart Trouble

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1954 to Dec. 2, 1954 that I last saw the deceased alive on Dec. 2, 1954, and that death occurred at Dec 6 M, from the causes and on the date stated above.

SIGNATURE Ira H. Beale M.D. M. D. 1954 ADDRESS Dec. 7 - 1954 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 10, 1954

NAME OF CEMETERY OR CREMATORY Haughs Cemetery

LOCATION (City, town, or county) (State) Nr. Ladiesburg Fredka Co Md

DATE REC'D BY LOCAL REGISTRAR Dec. 10, 1954

REGISTRAR'S SIGNATURE Elizabeth Y. Heck

24. FUNERAL DIRECTOR M.L. Creager & Son. ADDRESS Thurmont. MD

RECEIVED
DEC 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11479

11499

CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Woodsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Woodsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) ALICE (Last) BEALL

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 5, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Smith of M

14. MOTHER'S MAIDEN NAME: Julia Keener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If yes, no

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mr. Geo. W. Beall, Jr., Woodsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4343 (A) Heart Disease

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1940 to Dec., 1954 that I last saw the deceased alive on Dec. 24 1954 and that death occurred at 6.30 PM, from the causes and on the date stated above.

SIGNATURE Geo W. Beall M. D. ADDRESS Libertytown DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/29/54

NAME OF CEMETERY ~~OR CREMATORY~~ Rocky Hill

LOCATION (City, town, or county) (State) Nr. Woodsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 12/29/54

REGISTRAR'S SIGNATURE L. Stonesifer

24. FUNERAL DIRECTOR ADDRESS J. C. Barton, Walkersville, Md.

RECEIVED
JAN 5 1955
BUREAU V. S.

11500

11480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY FREDRICK; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown; HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Paul~~; MARYLAND; LENGTH OF STAY (in this place) all life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fredrick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PAUL	LEWIS	BEALL	Dec.	7	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	DEC. 16 1895	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMER	Fredrick Co.	USA

13. FATHER'S NAME: R.C. Beall

14. MOTHER'S MAIDEN NAME: Sallie E Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Grover L Beall Monrovia Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	3 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 20, 1954, to Dec. 7, 1954, that I last saw the deceased alive on Dec. 6, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Kerr	M.D.	Monrovia, Md.	Dec. 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1954	Brownsville	Brownsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-9-54	Raymond F. Day Deputy	Roy A. Barber	Baltimore Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11481

11501 CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Rural Emmitsburg
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Taneytown R.D.# 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg, Md.
STREET ADDRESS (If rural give location): South Seton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Bertha (Last) Bollinger

4. DATE OF DEATH: (Month) (Day) (Year) December 18, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 26, 1876

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Emmitsburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL Lawrence

14. MOTHER'S MAIDEN NAME: Mary Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs B H Boyle Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Acute myocardial failure — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardio vascular disease — several years
DUE TO (c)

443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 19..., to Dec 18, 54, that I last saw the deceased alive on Dec 18, 54, and that death occurred at 3:30 P., from the causes and on the date stated above.

SIGNATURE W. R. Cadle (Degree or title) MD ADDRESS Emmitsburg Md DATE SIGNED 12-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 21, 1954

NAME OF CEMETERY OR CREMATORY: Mt. View

LOCATION (City, town, or county) (State): Emmitsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 20 1954

REGISTRAR'S SIGNATURE: M. F. Shuff

24. FUNERAL DIRECTOR: S. L. Allison

ADDRESS: Emmitsburg, Md.

S. L. Allison

RECEIVED
DEC 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11502 **CERTIFICATE OF DEATH** Reg. Dist. No. 11482 792

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) John (Middle) William (Last) Bowlus

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married

8. DATE OF BIRTH: 5-31-1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner, ret.

10B. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William N. Bowlus

14. MOTHER'S MAIDEN NAME: Mary Catherine Steffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Mary Bowlus, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Edema

19A. DATE OF OPERATION: — 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-4-, 1954 to 12-4, 1954 that I last saw the deceased alive on 12-4-, 1954, and that death occurred at 9 P. M, from the causes and on the date stated above.

SIGNATURE J E Hoy M. D. ADDRESS Middletown DATE SIGNED 12-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-7-1954 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 7 1954 — REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR Gladhill & Co. ADDRESS Middletown, Md.

RECEIVED
DEC 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11503

CERTIFICATE OF DEATH

11483

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GRANVILLE (Middle) W. (Last) BRASHEARS

4. DATE OF DEATH: (Month) DEC. (Day) 15, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-15-1877

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Brashears

14. MOTHER'S MAIDEN NAME: Emma Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Thomas Smith, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Virus infection in chest and — 1 day

(c) Lumbago

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1954, to Dec 15, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at 10:P.M. m., from the causes and on the date stated above.

SIGNATURE: C M Van Poole (Degree or title) MD ADDRESS: Mt Airy Md DATE SIGNED: 12-15-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: 12-18-1954 NAME OF CEMETERY ~~OR CREMATORY~~: Prospect LOCATION (City, town, or county) (State): Frederick Co., Md,

DATE REC'D BY LOCAL REG. December 17, 1954 REGISTRAR'S SIGNATURE: Gloria A. Rinkles

24. FUNERAL DIRECTOR ADDRESS: C. M. WALTZ, Winfield, Md.

VS. A15

VED
1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

11484

11501

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH-
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville-Rte.
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Manuel	E.	Brown	December	12	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	DIVORCED	4-23-1876	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Laborer	Frederick Co.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Brown	Hanna Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	320-10-6669	Robert Ford, Middletown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary occlusion — Interval between onset and death: 12/6/54

Antecedent cause(s) (b) Coronary artery disease — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 29, 1954, to 12/12, 1954, that I last saw the deceased alive on 12/12, 1954, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kenneth C. Benson	M.D.	Middletown Md.	12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 15, 1954	Ch of Brethren Cem. Harmony, R.D. Myersville Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 15-54	Elizabeth S. Fackler	Woodward	Co. Middletown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0 1954
DUNCAU V.

12062

MARYLAND STATE DEPARTMENT OF HEALTH

11505 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Jamsville | LENGTH OF STAY (in this place) 14 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jamsville
STREET ADDRESS (If rural, give location) S. East of Frederick

3. NAME OF DECEASED (Type or Print): (First) Drucilla (Middle) Helen (Last) Bushong
4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Nov 1 1871
9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John S. Ramsburg
14. MOTHER'S MAIDEN NAME: Drucilla H. Beeson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: J. Richard Ramsburg - Frederick - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Dec 31, 1954 that I last saw the deceased alive on Dec 31, 1954 and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Turner M.D. ADDRESS Jamsville Md DATE SIGNED Dec 31 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-2-1955 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REG. Jan 3 1955 | REGISTRAR'S SIGNATURE Lucian K. Fahrney | 24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - Frederick, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11485

11506 CERTIFICATE OF DEATH

Reg. Dist. No. 132

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucila (Middle) F (Last) Butts

4. DATE OF DEATH. (Month) 12 (Day) 2 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married

8. DATE OF BIRTH: 1-12-1899

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles A. Rohrback

14. MOTHER'S MAIDEN NAME: Ada Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Charles R. Butts, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cancer of uterus

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1954 to Dec 2, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Boonsboro DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-5-1954

NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery

LOCATION (City, town, or county) (State) Locust Grove, Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 12-5-1954

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11486

11507 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#3
LENGTH OF STAY (in this place) X Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ford Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) X Frederick-Rural-R.D.#3
STREET ADDRESS (If rural give location) Rord Road

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) SPENCER (Last) CANNON

4. DATE OF DEATH: (Month) (Day) (Year) December 14, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify): Married

8. DATE OF BIRTH: April 4, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retird Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Cannon

14. MOTHER'S MAIDEN NAME: Mary Crebbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Virgie W. Cannon, Frederick R.D.#3, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Lesion — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO XX

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5 ..., 1954, to 12-14 ..., 1954, that I last saw the deceased alive on 12-13 ..., 1954, and that death occurred at 1:45AM, from the causes and on the date stated above.

SIGNATURE H. E. Bowman Jr M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/14/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial

DATE THEREOF Dec. 16, 1954

NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery

LOCATION (City, town, or county) (State) Frederick County, Maryland

DATE REC'D BY LOCAL REGISTRAR 15 Dec. 1954

REGISTRAR'S SIGNATURE Elizabeth L. Hoch

24. FUNERAL DIRECTOR ADDRESS H. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11487

11508

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) C. (Last) Coblentz

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: 2-14-1875 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: John Gaver

14. MOTHER'S MAIDEN NAME: Jane Spitler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: D. Perry Coblentz, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion DUE TO (Hrs) Suddenly

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ., 1954, to Dec. 13., 1954, that I last saw the deceased alive on Dec. 13 19 54, and that death occurred at 10 15 PM, from the causes and on the date stated above.

SIGNATURE J E Harp M. D. ADDRESS Middletown DATE SIGNED 12-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-16-1954 | NAME OF CEMETERY OR CREMATORY Reformed Cemetery | LOCATION (City, town, or county) (State) Middletown Md.

DATE REC'D BY LOCAL REGISTRAR Dec 12-1954 | REGISTRAR'S SIGNATURE Marie Gladhill | 24. FUNERAL DIRECTOR ADDRESS Gladhill & Co, Middletown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11488

11478 CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 11 | 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural - nr. Frederick
STREET ADDRESS (If rural give location) Mount Pleasant - Rural

3. NAME OF DECEASED: (First) C. (Middle) ESTELLA (Last) POOLE CURFMAN
4. DATE OF DEATH: (Month) December (Day) 4 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: February 17, 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Poole
14. MOTHER'S MAIDEN NAME: Lucy Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr. G. Blaine Poole--North Market Street Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 331X Cerebrovascular Accident DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO
(c)
Interval Between Onset And Death 2 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 3, 1954 and that death occurred at 3:35 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) H. Fuller M.D.
ADDRESS 1 East Patrick St.
DATE SIGNED

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF December 6, 1954
NAME OF CEMETERY OR ~~CREMATORY~~ Pine Grove Cemetery
LOCATION (City, town, or county) Mount Airy, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 6 December 1954
REGISTRAR'S SIGNATURE Elizabeth S. Fish
24. FUNERAL DIRECTOR
ADDRESS C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11509

11489

CERTIFICATE OF DEATH

Reg. Dist. No. 14-0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Calvin (Last) Donsife

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 23, 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Track Hand

10b. KIND OF BUSINESS OR INDUSTRY: Tracklayer

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otho Donsife

14. MOTHER'S MAIDEN NAME: Mary S. Feeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 717-07-6792

17. INFORMANT: Mrs. Clarence C. Donsife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, head pancreas c metastasis to liver, communicat. peritoneum — Interval between onset and death: 8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1954, to 25 Dec, 1954, that I last saw the deceased alive on 25 Dec, 1954, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE James C. Stuart Jr. (Degree or title) MD — ADDRESS Walkersville, Md — DATE SIGNED 27 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 28, 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Hope — LOCATION (City, town, or county) (State): Woodsboro Md.

DATE REC'D BY LOCAL REG. 12/28/54 — REGISTRAR'S SIGNATURE L. C. Powell — 24. FUNERAL DIRECTOR: Powell & Hartzler — ADDRESS: Woodsboro Md.

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11430

11479 CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Union Bridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (First) DAVID (Middle) (Last) EDWARDS

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1954

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): married

8. DATE OF BIRTH: 2/3/1887

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Erwin Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilson Edwards

14. MOTHER'S MAIDEN NAME: Martha George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Ida H. Edwards, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO Pneumonia infection of Lungs

(c) Unknown

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1954, to Dec. 31, 1954 that I last saw the deceased alive on Dec. 31, 1954 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Marsh, M.D. (Degree or title) — ADDRESS Union Bridge — DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF 1/3/55 — NAME OF CEMETERY OR CREMATORY Pipe Creek Cem. — LOCATION (City, town, or county) Carroll County (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 3, 1955 — REGISTRAR'S SIGNATURE Elizabeth L. Derr

24. FUNERAL DIRECTOR C. O. Hartman & Sons — ADDRESS Union Bridge, Md.

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11510

CERTIFICATE OF DEATH

Reg. Dist. No. 1148/1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnsville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) EYLER

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 17-1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Metz

14. MOTHER'S MAIDEN NAME: Mary Clvaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Melvin Eyler - Johnsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition DUE TO

(c)

Interval Between Onset And Death: 12 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to Dec 18, 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ira W. Beall, M.D

ADDRESS Liberty-town Md.

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/20/54

NAME OF CEMETERY OR CREMATORY Beaver Dam

LOCATION (City, town, or county) (State) Frederick Co. Md

DATE REC'D BY LOCAL REGISTRAR Dec. 18, 1954

REGISTRAR'S SIGNATURE Lisle P. Repp

24. FUNERAL DIRECTOR D.D. Hartsfield & Sons

ADDRESS Union Bridge Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11492

11511 # CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen X
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural give location) 1417 S. Carey Street

3. NAME OF DECEASED: (First) George (Middle) William (Last) Fritz

4. DATE OF DEATH: (Month) December (Day) 7, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 10/22/1892 | 9. AGE last birthday 62 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal worker
10B. KIND OF BUSINESS OR INDUSTRY: Metal Worker
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Fritz
14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Sending for
17 INFORMANT & ADDRESS: George William Fritz, 1417 S. Carey St. Baltimore, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 months.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 19 54 to Dec. 7, 19 54, that I last saw the deceased alive on Dec. 7, 19 54, and that death occurred at 2:55 a.m. M, from the causes and on the date stated above.
SIGNATURE [signature] M. D.
ADDRESS Cullen, Maryland
DATE SIGNED December 7, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-10-54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 12/7/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS North & Penna. Aves Balto., 17, Md.

11512

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11493/31

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians- please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS General Delivery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print): (First) MARVIN (Middle) H. (Last) GILFILLAN

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 15, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-6-1900

9. AGE last birthday: 54 yrs. | If under 1 year: Months 8 | Days 9 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Service Station

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James L. Gilfillan

14. MOTHER'S MAIDEN NAME: Elizabeth Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT: Bertha P. Gilfillan - Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: Minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — 4 years

(c) Diabetes Mellitus — 14 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954, to Dec. 15, 1954, that I last saw the deceased alive on Dec. 11, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Jack Schumacher M.D. | Smithsburg, Md. | Dec. 15, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-18-54 | NAME OF CEMETERY OR CREMATORY: Rockville Union | LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. Dec 29 1954 | REGISTRAR'S SIGNATURE: Della W. Burdette, Elizabeth G. Fick smd. | FUNERAL DIRECTOR: Robert A. Dunphrey. | ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

11513

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11494

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; STREET ADDRESS (If rural, give location) Frederick St.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) O. (Last) GRABILL

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Dec. 13, 1890

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harlan Green

14. MOTHER'S MAIDEN NAME: Minnie B. Homer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Walter L. Isabell, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
411 Immediate cause	(a) Coronary thrombosis	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic heart disease with severe aortic valvular disease (insufficiency)	20 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug., 1951, to 24 Dec., 1954 that I last saw the deceased alive on 24 Dec., 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Elmer G. Hann Jr. (Degree or title) M.D. ADDRESS: Walkersville Md. DATE SIGNED: 24 Dec 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial

DATE THEREOF: 28 Dec 54

NAME OF CEMETERY OR ~~CREMATORY~~: Mt Hope

LOCATION (City, town, or county): Woodsboro (State): Md.

DATE REC'D BY LOCAL REG.: 24 Dec 1954

REGISTRAR'S SIGNATURE: Elizabeth G. Hahn

24. FUNERAL DIRECTOR: F. C. Barton, ADDRESS: Walkersville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11495

11514 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) Since 11/20/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
STREET ADDRESS (If rural give location) Montevue

3. NAME OF DECEASED: (Type or Print) (First) ISSAC (Middle) WILSON (Last) GREENWALT

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 6 June 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilson Greenwalt

14. MOTHER'S MAIDEN NAME: Saloma Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Chronic myocarditis	3 yrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis	5 yrs.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Intertrochanteric fracture left hip.		2 wks.

19A. DATE OF OPERATION: 6

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to Dec 5, 19 54, that I last saw the deceased alive on Dec 5, 19 54, and that death occurred at 11:50A M, from the causes and on the date stated above.

SIGNATURE H. Klemm M.D. M. D. ADDRESS Frederick, Maryland DATE SIGNED 6 Dec 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 6 Dec 1954 | NAME OF CEMETERY OR CREMATORY U of M Medical School | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 Dec. 1954 | REGISTRAR'S SIGNATURE Elizabeth Y. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

BRAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11496

11515 CERTIFICATE OF DEATH Reg. Dist. No. 154

1 PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, EMMITSBURG
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS EMMITSBURG RD#1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL EMMITSBURG, MD.
STREET ADDRESS (If rural give location) EMMITSBURG RD #1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) GREEN (Last) GWYNN
4. DATE OF DEATH: (Month) DEC. (Day) 31 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JUNE 21, 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CIVIL ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HENRY GWYNN
14. MOTHER'S MAIDEN NAME: VIRGINIA RIDDICK
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N'S (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Margaret T. Dickerson Emmitsburg RD#1 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 1/2 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic cardiac disease — several years
DUE TO (c)

4-20-1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — several years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1954 to Dec 31, 1954, that I last saw the deceased alive on Dec 31, 1954, and that death occurred at 1:15 P, from the causes and on the date stated above.
SIGNATURE (Degree or title) W.R. Castle MD
ADDRESS Emmitsburg, Md.
DATE SIGNED 12-31-54.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JAN. 5 1955
NAME OF CEMETERY OR CREMATORY DRUID RIDGE
LOCATION (City, town, or county) (State) BALTIMORE CO., MD.

DATE REC'D BY LOCAL REGISTRAR Dec 31-1954
REGISTRAR'S SIGNATURE M. T. Shuff
24. FUNERAL DIRECTOR S. L. Alison
ADDRESS Emmitsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11516 CERTIFICATE OF DEATH

Reg. Dist. No. 12073 2

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindobona Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural give location) 15 X

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Hager

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 21, 1875

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nr. Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Hager

14. MOTHER'S MAIDEN NAME: Artie Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16 SOCIAL SECURITY No: 212-03-3949

17. INFORMANT & ADDRESS: Mrs Lillie M. Hager, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 160X Adeno Carcinoma of Face — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Maxillary Sinus — 2 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia & Exhaustion — 4 weeks

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1954 to Dec 31, 1954, that I last saw the deceased alive on Dec 31, 1954, and that death occurred at 4.30 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Laurence Fahnny MD
ADDRESS Frederick Md
DATE SIGNED 1-1-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 2, 1955
NAME OF CEMETERY OR CREMATORY Damascus
LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR 2 Jan 1955
REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

11517

11497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARRIAGE RESERVED FOR FILING

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ijamsville — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh 03 X-2
STREET ADDRESS (If rural, give location) 7103 Stoneleigh Rd

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) Rogers (Last) Hall

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 20, 1871

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua F. Dryden

14. MOTHER'S MAIDEN NAME: Fanny S. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. Hall-son - Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arterio sclerotic Heart Disease — Interval Between Onset and Death: 5 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 9, 1954, to Dec 3, 1954, that I last saw the deceased alive on Dec 3, 1954, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE: Joseph Lemon (Degree or title) M.D. ADDRESS: Ijamsville Md DATE SIGNED: Dec 3 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 6/54 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: December 4, 1954 — REGISTRAR'S SIGNATURE: K.W.

24. FUNERAL DIRECTOR: Edward Mundo — ADDRESS: 158 W. Mulberry Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11498

11480 CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Frederick — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick 11 — LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Carroll

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): R ural - Mt. Airy

STREET ADDRESS (If rural give location): Penn Shop Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Thomas	M.	Hilderbrand	12	18	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	Divorced	Dec. 21, 1914	39 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Well Driller Operator		Fred. Co., Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James M. Hilderbrand	Dolly B. Barrett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
No	213-03-0487	Mrs Margaret Phoebus, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Artery Embolism	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Subacute Bacterial Endocarditis	3 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/17, 1954, to 12/18, 1954, that I last saw the deceased alive on 12/18, 1954, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry V. Chase M.D. — ADDRESS: 45 Church St Frederick Md — DATE SIGNED: 12/18/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1954	St. Pauls	Point of Rocks, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
22 Dec. 1954	Elizabeth L. Tech	Olin L. Molesworth	Damascus, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11499

11481 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick //; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; ~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Mt. Airy X; STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) R. (Last) HOOD

4. DATE OF DEATH: (Month) Dec. (Day) 23, (Year) 19 54.

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widowed

8. DATE OF BIRTH: 12-1-1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Merchant

10b. KIND OF BUSINESS OR INDUSTRY: feed & Coal

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Hood

14. MOTHER'S MAIDEN NAME: Frances Brashears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) H no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosoital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4-51 X

Immediate cause (a) DUE TO: Perforation of aortic aneurysm — 7 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: arterio sclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1954, to 12-23, 1954, that I last saw the deceased alive on 12-22, 1954, and that death occurred at 12:15AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ray R Martin M.D. 35 E. Church St. Frederick Md 12-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF 12-26-1954; NAME OF CEMETERY OR CREMATORY Pine Grove; LOCATION (City, town, or county) (State) Mt. Airy, Md.

DATE REC'D BY LOCAL REGISTRAR 24 Dec 1954; REGISTRAR'S SIGNATURE Elizabeth L. Heb.

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11500

11482 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick*Rural-R. F. D. #4
STREET ADDRESS (If rural give location) Near Feagaville

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) MILTON (Last) HOWARD

4. DATE OF DEATH: (Month) December (Day) 28, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 29, 1878

9. AGE last birthday: 75 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Howard

14. MOTHER'S MAIDEN NAME: Ellen R. Culler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: R. F. D. # 4, Mrs. Fannie O. Howard, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Myocardial Decompensation — 1 year

(C) 0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid arthritis — 10 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 19 44 to Dec 28, 1954, that I last saw the deceased alive on Dec 27, 1954 and that death occurred at 12:15 M, from the causes and on the date stated above.

SIGNATURE H Lawrence Fahrney M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/28/1954

23. BURIAL, CREMATION, (SPECIFY) Burial — DATE THEREOF Dec. 30, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 30 Dec. 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11501

11483 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH: (a) COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick R 1 — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) -- (Last) Hyatt
4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Nov. 16, 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Building Supply Dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kemptown, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edgar Hyatt
14. MOTHER'S MAIDEN NAME: Edna E. Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-03-4699
17. INFORMANT & ADDRESS: Herbert S. Hyatt, Damascus, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage — 4 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease — ? yrs
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1954, to 12/17, 1954, that I last saw the deceased alive on 12/17, 1954, and that death occurred at 4 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry V. Chase M.D. 4 E. Church St. Frederick Md 12/17/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial — DATE THEREOF Dec. 20, 1954 — NAME OF CEMETERY OR ~~CREMATORY~~ Damascus — LOCATION (City, town, or county) (State) Damascus, Maryland
DATE REC'D BY LOCAL REGISTRAR 22 Dec. 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11502

11484 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 322 Klinehartz Alley

3. NAME OF DECEASED: (Type or Print) (First) ISABEL (Middle) LE MARTHA (Last) JEFFERSON
4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: Colored
7. MARRIED, SINGLE, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: April 13, 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Overs
14. MOTHER'S MAIDEN NAME: Gertrude Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 322 Klinehartz Alley, Mrs. Dora Moore, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crisis - Sickle Cell Anemia — Interval Between Onset And Death: 24 hrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec., 1954, to 13 Dec., 1954, that I last saw the deceased alive on 13 Dec, 1954 and that death occurred at 4:20 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles H Conley Jr M.D.
ADDRESS Frederick, Maryland
DATE SIGNED 13 Dec. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 17, 1954
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 15 Dec. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son
ADDRESS Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11503

11518

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 547 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore County
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe
STREET ADDRESS (If rural give location) 4600 Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) Bradley (Middle) Thomas (Last) Johnson, Sr.

4. DATE OF DEATH: (Month) December (Day) 8, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 5, 1884

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Machinist

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zachariah Johnson

14. MOTHER'S MAIDEN NAME: Missouri ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-05-6328

17. INFORMANT & ADDRESS: Mrs. Hazel Johnson, Daughter-in-law.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, , 1953 , to Dec. 8. , 19 54 that I last saw the deceased alive on Dec. 8 , 1954 , and that death occurred at 1:35 a.m. M, from the causes and on the date stated above.

SIGNATURE [signature] M.D.
ADDRESS Cullen, Maryland
DATE SIGNED Decerber 8, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-11-54
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Alexandria, Va.

DATE REC'D BY LOCAL REGISTRAR 12/8/54
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Hubbard Funeral Home
ADDRESS 417 Gilpens Ave.
Petersburg, Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11485

CERTIFICATE OF DEATH

Reg. Dist. No. 115(14)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick (Rural)
STREET ADDRESS (If rural give location) Nr. Frederick

3. NAME OF DECEASED: (Type or Print) (First) JEANNETTE (Middle) A. (Last) McCAIG

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: December 30, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Adams

14. MOTHER'S MAIDEN NAME: Jane Howard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Paul L. Willard - Nr. Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) multiple pulmonary infarcts — Interval Between Onset And Death: Months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1954, to Dec. 9, 1954, that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) Edward Willis Jr. M.D. ADDRESS Frederick, Md. DATE SIGNED Dec. 10, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Dec. 11, 1954

NAME OF CEMETERY OR CREMATORY Woodlands Cemetery

LOCATION (City, town, or county) Philadelphia (State) Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 10 December 1954

REGISTRAR'S SIGNATURE Elizabeth L. Stark

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

VS. A15

RECEIVED
DEC 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11505

11519 **CERTIFICATE OF DEATH** Reg. Dist. No. 139

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 177 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 201 S. Market Street,

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Frederick (Last) Mills, Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 23, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: October 19, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Truck Driver

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Hamilton Mills

14. MOTHER'S MAIDEN NAME: Rebecca Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: James Frederick Mills, Sr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — 2 years.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1954, to Dec. 23, 1954, that I last saw the deceased alive on Dec. 23, 1954, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE J B Lyon M. D. ADDRESS Cullen, Maryland DATE SIGNED December 27, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-28-54

NAME OF CEMETERY OR CREMATORY Clear Spring

LOCATION (City, town, or county) (State) Washington Co.

DATE REC'D BY LOCAL REGISTRAR 12/27/54

REGISTRAR'S SIGNATURE J B Lyon

24. FUNERAL DIRECTOR AND ADDRESS C.R. Etchison & Son, Frederick, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11506

~~11436~~

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 East Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 105 East Second Street

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) JOHNSON (Last) MOTTER

4. DATE OF DEATH: (Month) December (Day) 22, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE?~~ MARRIED. ~~WIDOWED, DIVORCED.~~ (Specify): Married

8. DATE OF BIRTH: May 12, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Johnson

14. MOTHER'S MAIDEN NAME: Rebecca Struble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 105 East Second Street, Mr. Guy K. Motter, Sr., Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1954, to Dec. 22, 1954, that I last saw the deceased alive on Dec. 22, 1954, and that death occurred at 9:00PM, from the causes and on the date stated above.

SIGNATURE A. A. Pearre M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/24/1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (SPECIFY) Burial

DATE THEREOF Dec. 24, 1954

NAME OF CEMETERY OR ~~CREMATORY~~ Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 24 Dec. 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heder

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11507

11487 CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E. (Last) Mumford

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): widow

8. DATE OF BIRTH: 2-2-1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Bidle

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Mary Morgan, Middletown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial infarction — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis with coronary artery sclerosis. — 5 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1954, to 12-15, 1954, that I last saw the deceased alive on 12-15, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. R. Martin, MD. ADDRESS 35 E. Church St. Frederick Md DATE SIGNED 12-15-54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial DATE THEREOF 12-18-1954 NAME OF CEMETERY OR CREMATORY Lutheran Cemetery LOCATION (City, town, or county) (State) Middletown Md.

DATE REC'D BY LOCAL REGISTRAR 12-18-54 REGISTRAR'S SIGNATURE Elizabeth S. Hoke.

24. FUNERAL DIRECTOR Gladhill & Co. ADDRESS Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11508

11520 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#4
LENGTH OF STAY (in this place) 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elmer Derr Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick *Rural-R.D.#4,
STREET ADDRESS (If rural give location) Elmer Derr Road

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) AMELIA (Last) PAYNE

4. DATE OF DEATH: (Month) (Day) (Year) December 6, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: March 21, 1871

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hawker

14. MOTHER'S MAIDEN NAME: Catherine Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Russell H. Payne, Frederick, R.F.D.#4, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

IMMEDIATE CAUSE (A) Hypernephroma C — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Metastasis

DUE TO (C) Advanced generalized arteriosclerosis — 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1954 to 12/6, 1954 that I last saw the deceased alive on 12/5, 1954, and that death occurred at 8:05 P M, from the causes and on the date stated above.

SIGNATURE Isabel T. Price M. D. ADDRESS Jefferson, Maryland DATE SIGNED 12/8/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Dec. 9, 1954
NAME OF CEMETERY OR CREMATORY Church Hill Cemetery
LOCATION (City, town, or county) (State) Frederick County, Md.

DATE REC'D BY LOCAL REGISTRAR 9 Dec. 1954
REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11509

11488

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 26Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 Trail Avenue ✓

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 717 Trail Avenue

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) THOMAS (Last) POOLE

4. DATE OF DEATH (Month) (Day) (Year) December 30, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widower

8. DATE OF BIRTH: October 12, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Wholesale House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Poole

14. MOTHER'S MAIDEN NAME: Dabiata (Last Name Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 214-10-3545

17. INFORMANT & ADDRESS: 350 East Third Street, Mrs. Lawrence W. Kelly, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ~~DUE TO~~ (C) Acute Renal Insuf — 1 Week

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ✓ 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1954 to Dec. 30, 1954, that I last saw the deceased alive on Dec. 29 1954, and that death occurred at 2:45A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/30/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Jan. 2, 1955 — NAME OF CEMETERY OR ~~CREMATORY~~ Pine Grove Cemetery — LOCATION (City, town, or county) (State) Mt. Airy, Maryland

DATE REC'D BY LOCAL REGISTRAR 31 Dec. 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11519

11521 CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Petersville
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) D (Last) Rohrer

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): widowed

8. DATE OF BIRTH: 9-8-1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmowner ret.

10B. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Daniel Rohrer

14. MOTHER'S MAIDEN NAME: Mary Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ralph Rohrer Braddock Hts Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Suddenly

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Dec 9., 1954, that I last saw the deceased alive on Nov 30, 1954 and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J Elmer Hoop M. D. ADDRESS Middletown DATE SIGNED 12-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-12-1954

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) (State) Middletown, Md

DATE REC'D BY LOCAL REGISTRAR Dec 12 1954

REGISTRAR'S SIGNATURE Eugenia K. Burke

24. FUNERAL DIRECTOR ADDRESS Gladhill & Co. Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11522

CERTIFICATE OF DEATH

Reg. Dist. No. 11511 13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Frederick X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) C. (Last) Ropp

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-23-1911

9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: junk yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: William G. Ropp

14. MOTHER'S MAIDEN NAME: Catherine Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-14-6015

17. INFORMANT & ADDRESS: R.F.D. Mrs Floyd C. Ropp, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.0.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSE (S) DUE TO (B) Arterial Sclerosis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Alcoholism

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1953 to 22 Dec. 1954, that I last saw the deceased alive on Dec. 16, 1954, and that death occurred at 10:20 A.M. from the causes and on the date stated above.

SIGNATURE M. H. Kleckner M.D. ADDRESS Frederick Md DATE SIGNED 12 23 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-24-1954

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR 23 Dec. 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11512

11523 CERTIFICATE OF DEATH

Reg. Dist. No. 19

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4527 Buchanan Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Sanbower
4. DATE OF DEATH (Month) (Day) (Year) December 14, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	July 27, 1896	58 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Maryland	U. S. A.

13. FATHER'S NAME: Cecil Sanbower
14. MOTHER'S MAIDEN NAME: Lula White.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	World War I	578-07-3236	John Henry Sanbower, Patient.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis. — INTERVAL BETWEEN ONSET AND DEATH: 18 months.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954 to Dec. 14, 1954 that I last saw the deceased alive on Dec. 14, 1954, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Cullen, Maryland DATE SIGNED December 16, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/17/54	Mount Olivet Cemetery	Frederick, Maryland.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/17/54		H. R. Eichison & Son,	Frederick, Maryland

1954
U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11513

11489 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 18 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 120 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MARIE (Last) SCHUOLER

4. DATE OF DEATH: (Month) December (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED.~~ (Specify): Widow

8. DATE OF BIRTH: March 9, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Schmidt

14. MOTHER'S MAIDEN NAME: (First Name Unknown) Kirch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 120 South Market St., Mrs. Helen Musso, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Gangrene of foot — INTERVAL BETWEEN ONSET AND DEATH: Month

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes mellitus — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1954, to 9 Dec., 1954, that I last saw the deceased alive on 9 Dec., 1954, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE James B. Thomson, M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/10/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec. 11, 1954 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 10 Dec. 1954 | REGISTRAR'S SIGNATURE Elizabeth S. Heda-

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 14 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11514

11490

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick //
LENGTH OF STAY (in this place) Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick*Rural*R. F. D. #5
STREET ADDRESS (If rural give location) Near OLD BRADDOCK HEIGHTS

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) MARSHALL (Last) SHEPLEY

4. DATE OF DEATH: (Month) (Day) (Year) December 25, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single

8. DATE OF BIRTH December 24, 1954

9. AGE last birthday 0 yrs. IF UNDER 1 YEAR Months 1 Days IF UNDER 24 HRS. Hours 15 Min. 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) New Born

10B. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas A. Shepley

14. MOTHER'S MAIDEN NAME: Mary Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: R. F. D. # 5, Mr. Thomas A. Shepley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Resp. Subdural Hemorrhage

ANTECEDENT CAUSE (S) DUE TO (B) Birth Trauma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Midpelvic arrest

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 PM, 19 54, to 5 PM, 19 54, that I last saw the deceased alive on 25 PM, 1954, and that death occurred at 11:55 PM, from the causes and on the date stated above.

SIGNATURE Tom - Jones M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/28/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 29, 1954

NAME OF CEMETERY OR CREMATORY Frederick Memorial Park

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 29 Dec. 1954

REGISTRAR'S SIGNATURE Elizabeth B. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

20V4331447

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11515

11524

CERTIFICATE OF DEATH

Reg. Dist. No. 13 2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Braddock Heights
COUNTY: Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Braddock
LENGTH OF STAY (in this place): 9 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vindobona Convalescent Home Jefferson Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED:
Braddock Heights
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Braddock
STREET ADDRESS (If rural give location): Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) THOMAS (Last) SNYDER

4. DATE OF DEATH: (Month) December (Day) 24, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 15 May 1860

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanical Engineer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James G. Snyder

14. MOTHER'S MAIDEN NAME: Anne Hubbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 86 Acre Lane, Frank N. Snyder, Hicksville, N. Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility + Exhaustion. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatectomy — Nov 1953

19A. DATE OF OPERATION: Nov 1953

19B. MAJOR FINDINGS OF OPERATION: Hypertrophy of Prostate

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1953, to Dec 23, 1954, that I last saw the deceased alive on Dec 23, 1954, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

SIGNATURE: H Lamona Fahney M. D. ADDRESS: Frederick Md DATE SIGNED: 12-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 26 Dec 1954 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Lexington, Kentucky

DATE REC'D BY LOCAL REGISTRAR: 28 Dec 1954 — REGISTRAR'S SIGNATURE: Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11525

CERTIFICATE OF DEATH

11546

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Frederick — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Braddock Heights
LENGTH OF STAY (in this place): Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vindabona Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Braddock Heights
STREET ADDRESS (If rural give location): Jefferson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) ELEANOR (Last) STAUB

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: November 21, 1898

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jacob Hightman

14. MOTHER'S MAIDEN NAME: Etta Jane Last name unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jefferson Blvd., Mr. J. Marshall Staub, Braddock Hts., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1524

IMMEDIATE CAUSE (A) Metastic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of Sigmoid — 2 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Exhaustion + Ascites

19A. DATE OF OPERATION: 1st Nov 1953, 2nd Nov 1954

19B. MAJOR FINDINGS OF OPERATION: (1) Carcinoma of Sigmoid (2) Carcinoma of Gall Bladder

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1953 ....., to Dec 8....., 1954, that I last saw the deceased alive on Dec 8 ., 1954, and that death occurred at 1:00PM, from the causes and on the date stated above.

SIGNATURE: H Laurence Fahrney — M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 12/10/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec. 10, 1954
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec 10 1954
REGISTRAR'S SIGNATURE: Marie Gladhill

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11517

11491

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
STREET ADDRESS (If rural give location) 34 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) AMY (Middle) CRAMER (Last) STAUFFER

4. DATE OF DEATH: (Month) December (Day) 18, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: 4 May 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: House-work

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Clay Stauffer

14. MOTHER'S MAIDEN NAME: Margaret Virginia Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 34 S. Market St., Mrs. M. Irene McMaster, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis
DUE TO (C) Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Carcinoma of Cervix

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to Dec. 18, 1954, that I last saw the deceased alive on Dec. 18, 1954, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE A. A. Guarre M. D., M. D. ADDRESS Frederick, Maryland DATE SIGNED 20 Dec 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF 21 Dec 1954
NAME OF CEMETERY OR CREMATORY Glade Cemetery
LOCATION (City, town, or county) (State) Walkersville, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 Dec. 1954
REGISTRAR'S SIGNATURE Elizabeth B. Hess.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11492

CERTIFICATE OF DEATH

Reg. Dist. No. 11518 (3)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mr. Frederick - Libertytown
STREET ADDRESS (If rural give location) Libertytown

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Metcalfe (Last) Stone

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 5, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Metcalfe

14. MOTHER'S MAIDEN NAME: Elizabeth VanSant

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Mrs. William Gibson - Libertytown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) .. Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) .. Arteriosclerosis

DUE TO (c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25 ..,1954, to 12-12 , 1954, that I last saw the deceased alive on 12-13 , 1954, and that death occurred at 10:45 P.M. .., from the causes and on the date stated above.

SIGNATURE A. A. Cearre M.D. (Degree or title) ADDRESS Frederick Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 15, 1954 NAME OF CEMETERY OR CREMATORY Fairmount Cemetery LOCATION (City, town, or county) (State) Libertytown, Maryland

DATE REC'D BY LOCAL REGISTRAR 15 Dec. 1954 REGISTRAR'S SIGNATURE Elizabeth S. Keck

24. FUNERAL DIRECTOR C. E. Cline & Son ADDRESS 8 East Patrick Street Frederick, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11519

11526 CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, R.D.# 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md.
STREET ADDRESS (If rural give location) Emmitsburg, R.D.# 1

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Louise (Last) Laney

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 30, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward S. Laney

14. MOTHER'S MAIDEN NAME: Clara McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Justin J. Emerson Box 505 Villa Nova for Laney family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1954, to Dec. 16, 1954, that I last saw the deceased alive on Dec. 16, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James K. Gray M.D. ADDRESS Thurmont, Md. DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 20, 1954 | NAME OF CEMETERY OR CREMATORY St. Joseph's | LOCATION (City, town, or county) Emmitsburg, Frederick Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 19-1954 | REGISTRAR'S SIGNATURE M. F. Shuff | 24. FUNERAL DIRECTOR S. L. Allison | ADDRESS Emmitsburg, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11493

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11520

Reg. Dist. No. 13

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age especially important. Physicians: please write the figures of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredeeick
STREET ADDRESS (If rural, give location) Fred. Memorial Hospital

3. NAME OF DECEASED (Type or Print) (First) Infant- (Middle) Veronica Beatrice (Last) Thomas

4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 1954

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH Nov. 14, 1954

9. AGE last birthday ——— yrs. If under 1 year Months Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herbert Humphries

14. MOTHER'S MAIDEN NAME Veronica B. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Marie Thomas 313 West South St. Fred. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature

(c)

INTERVAL BETWEEN ONSET AND DEATH: day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1954, to 12/2, 1954, that I last saw the deceased alive on 12/2, 1954, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James B. Thomas, M.D. Frederick, Md. 12/2/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 5-1954

NAME OF CEMETERY OR CREMATORY St. Johns

LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REG. 3 Dec 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Charles E. Hicks III Fred. Md. ADDRESS

20X416303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

11494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11521

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital-Rwd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Willie	E	Thomas		12	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	6-25-1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer	farm	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Brade Thomas	Amanda Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. Mary Norris, Middletown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1953, to Dec. 30, 1955, that I last saw the deceased alive on Dec 29, 1955, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A H Kline M.D.		Frederick Md.	Dec 30 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-1955	Locust Valley Cl. & B. Cem.	Frd. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1. 1956	Elizabeth S. Fleck.	Gladhill & Co.	Middletown Md.

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11522

11475

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 East Eight Street

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 114 East Eight Street

3. NAME OF DECEASED (Type or Print): (First) STELLA (Middle) IRENE (Last) WACHTER

4. DATE OF DEATH: (Month) (Day) (Year) December 13, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: April 16, 1881.

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. Martz

14. MOTHER'S MAIDEN NAME: Mary Craver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 114 East Eight Street, Mrs. Calvin F. Boone, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Thrombosis, Left Middle Cerebral Artery — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (B) DUE TO: Diabetes Mellitus — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO: Arteriosclerotic Heart Disease — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 1954., to Dec 13, 1954, that I last saw the deceased alive on Dec 13..., 1954., and that death occurred at 5:25PM, from the causes and on the date stated above.

SIGNATURE Thomas E Stone M.D. ADDRESS Frederick, Maryland DATE SIGNED 12/14/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY): Burial

DATE THEREOF: Dec. 16, 1954

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 15 Dec. 1954

REGISTRAR'S SIGNATURE: Elizabeth L. Hoke

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11523

MARYLAND

STATE DEPARTMETT OF HEALTH

11527

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights; LENGTH OF STAY (In this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lindobona Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Hannah (Last) Zimmerman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12. 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 10. 1869

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: State Institutions

11. BIRTHPLACE (State or foreign country): Thurmont. Fredk Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William W. Zimmerman

14. MOTHER'S MAIDEN NAME: Catherine C. Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Miss Martha C. Zimmerman Thurmont. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 months

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerosis — 10 years
(c) Exhaustion — 3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not [illegible] At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Dec 12, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at 4.10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. Laurance Fahrney MD — ADDRESS: Frederick Md. — DATE SIGNED: 12-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 14th. 1954 — NAME OF CEMETERY OR CREMATORY: U. B. Cemetery — LOCATION (City, town, or county) (State): Thurmont Fredk Co. MD

DATE REC'D BY LOCAL REG.: 14 Dec. 1954 — REGISTRAR'S SIGNATURE: Marie Gladhill

24. FUNERAL DIRECTOR: M?L. Creager & Son — ADDRESS: Thurmont. MD.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11524

11496 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 11
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 East Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 11
STREET ADDRESS (If rural give location) 14 East Third Street

3. NAME OF DECEASED: (Type or Print) (First) KATE (Middle) MAY (Last) ZIMMERMAN
4. DATE OF DEATH: (Month) (Day) (Year) December 23, 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: October 17, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Zachary H. Zimmerman
14. MOTHER'S MAIDEN NAME: Annie Baer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Hermon Whitter, Doubs, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2
IMMEDIATE CAUSE (A) Chronic myocarditis 4 yrs.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis 20 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to Dec 24, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 2:00 P M, from the causes and on the date stated above.

SIGNATURE A. R. Klein M. D. ADDRESS Frederick, Maryland DATE SIGNED 12/24/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 27, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 27 Dec. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Hoch
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11525

11497 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick #
LENGTH OF STAY (in this place) 3 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural R. F. D. #4,
STREET ADDRESS (If rural give location) Near Feagaville

3. NAME OF DECEASED: (Type or Print) (First) Roger (Middle) Ellsworth (Last) Zimmerman

4. DATE OF DEATH: (Month) December (Day) 31, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 17, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Brush Trimmer

10b. KIND OF BUSINESS OR INDUSTRY: Brush Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert J. J. Zimmerman

14. MOTHER'S MAIDEN NAME: Mary V. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-10-2023

17. INFORMANT & ADDRESS: Mrs. Ethel F. Zimmerman, Frederick, R.D.#4, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Pulmonary edema, acute	
Immediate cause (a)	Hypertensive cardio-vascular-renal disease	12 hr.
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	Cardiac decompensation, acute	unknown
(c) DUE TO	Hypertensive cardio-vascular disease	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec 1954, to 8-4 PM 12-31-1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at 8-4 PM 12-31-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert S. Zimmerman Jr. M.D. 7 East Church St. Fred. Md. 12-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 3, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 31 Dec. 1954
REGISTRAR'S SIGNATURE Elizabeth Y. Hoke
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

RECEIVED
JAN 3 19[illegible]
BUREAU V. S.